

Conclusion: The results of our study suggest low rate of HIV status disclosure among HIV infected patients in the Niger Delta. We found that receiving ART and being currently married promoted disclosure. There is need for clinicians and policy makers to foster disclosure of HIV sero-status in Nigeria especially among HIV infected students and unmarried sexual partners.

Keywords: HIV Sero-status disclosure; receiving ART; being currently married

<http://dx.doi.org/10.1016/j.ijid.2014.03.681>

Type: Poster Presentation

Final Abstract Number: 42.010(Session: HIV/AIDS and Other Retroviruses)(Date: Thursday, April 3, 2014(Time: 12:45-14:15(Room: Ballroom

Pre ART attrition and its associated factors in care and treatment centres in Tanzania 2010-2011



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Background: Despite significant success in scaling up care and treatment programmes in Tanzania, a majority of people living with HIV (PLHIV) do not access them. Successfully enrolled PLHIV in care and treatment clinics (CTC) are lost at every step along the continuum of care. This study aims at determining factors associated with attrition among Pre ART adults in CTC.

Methods & Materials: We conducted a clinic based retrospective cohort study that involves review of data from Pre ART adult clients (= 15years) register and client treatment card number 2 (CTC2 Card) at three CTCs in Morogoro from July, 2010 to July 2011.Pre ART clients who were not in care at their original sites at 1 year of follow up were traced through home based care volunteers and phone calls. Correlates of loss to care were evaluated using logistic regression. Analyses were done using Epi Info.

Results: A total of 351 CTC clients were enrolled between July 2010 and July 2011. A majority 267 (76%) of them were not initiated ART of whom 77 (28.9%) were eligible and 190 (71.1%) were not eligible. Most clients enrolled 161 (45.9%) were eligible and majority 84(52.1%) were initiated ART. Mortality among those not initiated ART was 47 (17.6%) of whom 30 (63.8%) were eligible. Majority 234 (66.7%) of clients were loss to follow up. Independent predictors of Pre ART attrition were referral to CTC by health care provider [Adjusted odds ratio (AOR) = 2.20, 95% Confidence Interval (CI): 1.22 - 3.99] and self stigma [AOR = 3.9, 95% CI: 2.01- 7.75].

Conclusion: Attrition due to mortality and opt out of care is high among CTC enrolled clients. Majority of deaths were among ART eligible clients who were not initiated treatment.Self stigma and patients referred to CTC by health care providers were attrition risk factors. Strengthening of CTC to improve linkage between CTC and other clinics as well as prioritizing ART initiation among clients who are ART eligible is recommended. There is a need of PLHIV to be encouraged during counselling session to disclose their HIV status as this will reduce self stigma.

<http://dx.doi.org/10.1016/j.ijid.2014.03.682>

Type: Poster Presentation

Final Abstract Number: 42.011

Session: HIV/AIDS and Other Retroviruses

Date: Thursday, April 3, 2014

Time: 12:45-14:15

Room: Ballroom

Association between stroke and HIV infection: A population-based study in Taiwan



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Background: HIV infection may cause stroke through several mechanisms. As antiretroviral therapy and case management had been implemented for years, the aim of this population-based study is to investigate the incidence and demographic characteristics of stroke in HIV-infected patients in Taiwan.

Methods & Materials: Our database is a subset of the Taiwan National Health Insurance Research Database (NHIRD), for which one million people were randomly selected from the whole of nearly 23 million National Health Insurance Program participants since 2004. HIV-infected population was selected and matched by age and gender, comparing with non HIV-infected population with the ratio of 1:2. Conditional logistic regression was applied to estimate the association between stroke and HIV.

Results: A total of 622 HIV-infected patients is compared with 1244 matched patients of non HIV-infected group. The mean ages of HIV and non-HIV group are 34.45 years and 34.52 years, respectively. The prevalence of hypertension, diabetes mellitus and dyslipidemia between both groups are similar. There is a significantly higher incidence rate of stroke in the HIV group (0.96% vs 0.24%, $p = 0.0678$). After adjusted by other possible risk factors of CHD, the odds ratio of stroke in the HIV group is 2.75 (95% CI 1.17-6.44, $p = 0.0199$) compared with people without HIV infection.

Conclusion: Our study concluded that there is an increased risk for stroke in HIV-infected patients in Taiwan despite having similar traditional risk factors. In this group of patients, stroke also occurred in relatively young age. The management of stroke will be great challenges in the future care of these young HIV patients.

<http://dx.doi.org/10.1016/j.ijid.2014.03.683>